

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718505

Entity Name: LAUDERDALE MANORS HOME OWNERS ASSOCIATION, INC.**FILED**
Feb 25, 2015
Secretary of State
CC6612171855**Current Principal Place of Business:**LAUDERDALE MANOR RECREATION CENTER
1340 CHATEAU PARK DRIVE
FT. LAUDERDALE, FL 33311**Current Mailing Address:**C/O LAUD. MANORS HOMEOWNERS ASSOC. INC.
PO BOX 5471
FT LAUDERDALE, FL 33310 US**FEI Number: 59-1713295****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MINNEY, IRV M
1565 NW 15 TERRACE
FORT LAUDERDALE, FL 33311 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** IRV M. MINNEY**02/25/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name ELIJAH, EDNA
Address 1524 NW 12 COURT
City-State-Zip: FT LAUDERDALE FL 33311**Title** VP
Name JONES, CHRISTINE T
Address 1600 NW 15TH PLACE
City-State-Zip: FORT LAUDERDALE FL 33311**Title** VP
Name SIMMONS, JOANN
Address 1565 NW 15 STREET
City-State-Zip: FT LAUDERDALE FL 33311**Title** TREASURER
Name CONNIE, BAILEY
Address 1172 NW 15TH STREET
City-State-Zip: FORT LAUDERDALE FL 33311**Title** SECRETARY
Name MONROE, VIALENE
Address 1213 NW 15 PLACE
City-State-Zip: FORT LAUDERDALE FL 33311**Title** DIRECTOR
Name BETHEA, BOBBY
Address 1613 NW 15 AVENUE
City-State-Zip: FT LAUDERDALE FL 33311**Title** DIRECTOR
Name GATHERS, BESS
Address 1130 NW 17 STREET
City-State-Zip: FT. LAUDERDALE FL 33311**Title** DIRECTOR
Name THROWER, CALVIN
Address 1309 NW 9 AVE
City-State-Zip: FT. LAUDERDALE FL 33311**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE JONES**VICE PRESIDENT****02/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------------|
| Title | ASST. SECRETARY |
| Name | CARTER, ETHEL |
| Address | 1400 CHATEAU PARK DRIVE |
| City-State-Zip: | FT. LAUDERDALE FL 33311 |